

EMTALA testimony

Greg Cannon, Sec NCCEP, Chair Legislative affairs

Practicing Emergency Physician, completed training in 1998

Thank you for allowing testimony, Senate Bill 33

Support the entire bill but will focus on the 1st Section, Liability Protection for Emergency Care Providers

Emergency Care Providers include EP's and on call Specialists, including Neurosurg, Trauma and General Surg, Ortho, OB/GYN

Emeg med is only specialty that takes care of all patients who present for care – regardless of insurance/ability to pay, regardless of age, medical condition, social condition and psychiatric condition.

We operate in a high risk environment – we do not pick our patients or their conditions. They are frequently very sick. We rarely have any previous relationship with them which makes care more difficult. Many of our patients have nowhere else to go.

They may not follow our instructions if discharged or obtain recommended follow up yet we are still liable for a bad outcome.

We ARE the health care safety net and our on-call providers also commit to this very important role in society

We are just as important to society as firefighters, police and EMS - yet we are not protected like they are.

Over 1.5 million visits to ED's in North Carolina a year. Society depends on us 24/7 and we have to be ready for all injuries and all possible problems.

EMTALA enforces this mandate for care –since 1986.

Two main provisions: 1. people who present must have a MSE and stabilization of their condition – regardless of ability to pay

2. If the hospital cannot take care of a patient they must be stabilized as much as possible and transferred formally to a receiving hospital (anti dumping statute)

Although the care is required - there are no funds to pay for it. EMTALA applies for as long as the patient is in the ED but I cannot legally say when the obligation ends – some patients are unstable for days after presentation, requiring multiple procedures.

We are losing specialists willing to take call and do high risk procedures due to liability issues as well as uncompensated care.

Neurosurgeons not practicing brain surgery, OB/GYNs not delivering babies.

It is no longer just an issue in rural ED's.

When states like Texas enact protections then the specialists come back and access to care is improved - by more doctors serving rural areas.

To the average person, their access to care is much more important than their ability to sue. We want to maintain the safety net of the Emergency Department so that it can serve everyone when they are in their time of need.